

PRINTED: 10/24/2013  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN0703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/22/2013
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND VILLAGE GENESIS HEALTHCA		STREET ADDRESS, CITY, STATE, ZIP CODE 136 DAVIS LANE LAFOLLETTE, TN 37766			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have a reliable sprinkler system water supply for each building.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on October 22, 2013 at 10:15 a.m. confirmed the facility is Type V (111) combustible construction. The facility has five (5) fire compartments. These five (5) fire compartments have one (1) dry sprinkler system that penetrates each of the 4-hour fire walls, servicing all fire compartments. 4 hour fire walls are not permitted to be penetrated by sprinkler piping.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on October 22, 2013.</p>	N 831	<p>1. The issue regarding sprinkler pipe penetrating a fire wall is under evaluation by the Board of Health Care Licensing by a sub-committee meeting that met on October 28, 2013. Under their direction, all action should be held in abeyance until the situation can be fully understood and a final full board vote at the January 2014 meeting. Once we receive forward direction from the Board during their next full Board meeting, Cumberland Village Center will submit an updated plan of correction in regard to the direction given within 30 days from that final decision.</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6896

RBB321

Administrator

11/14/13

If continuation sheet 1 of 1